

Case Number:	CM14-0002937		
Date Assigned:	01/29/2014	Date of Injury:	01/14/2009
Decision Date:	08/12/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/08/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52 year old female who was injured on 01/04/2009 when she pushing and pulling a food cart. She has chronic neck and back pain and cervical/thoracic/lumbar degenerative disc disease. The diagnostic studies reviewed include electromyography (EMG) of the right upper extremity and an EMG of the left lower extremity on 10/15/2012 was normal. An MRI of the cervical, thoracic and lumbar spine on 10/19/2012 revealing multilevel central disc protrusion at the cervical, thoracic and lumbar spine with ventral narrowing of of the spinal canal and narrowing of the lateral recesses laterally. Agreed medical evaluation report dated 05/07/2013 states the patient complained of pain in the cervical spine with occasional pain in both wrists extending to the right elbow and occasional cramping in both hands. He also reports occasional numbness throughout the entire aspects of both hands. The objective findings on exam revealed paravertebral spasm, guarding, and asymmetric loss of range of motion. The back had diffuse tenderness but no point tenderness. Motor exam was normal bilaterally. The diagnostic impressions are cervical musculoligamentous strain/sprain, thoracic musculoligamentous strain/sprain, and lumbosacral musculoligamentous strain/sprain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Aquatic Therapy. 2 x 4 Cervical Spine.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Aquatic Therapy.

Decision rationale: This is a request for 8 sessions of aquatic therapy of the cervical spine for a 52-year-old female patient injured on 1/14/09 with chronic neck and back pain and cervical/thoracic/lumbar DDD. However, according to the MTUS guidelines, aquatic therapy is recommended as an alternative to land-based therapy where reduced weight-bearing is desirable such as in extreme obesity. It is not clear from the provided records why reduced weight-bearing would be desirable for this patient. No specific rationale is provided at the time of the request. Further, the patient has undergone extensive physical therapy treatment over the preceding years without documentation of clinically significant functional improvement or reduction in dependency on medical care. The patient has relatively unchanged pain complaints and is not working. There is no documentation of acute exacerbation. Medical necessity is not established. As such, the request is not medically necessary.